

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

ADDRESS (number and street) ▼

1601 N Tucson Blvd

Suite 9

☐ Check if different than previously reported. (ACC)

Tucson

AZ

85716

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00041590

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James F Coy

Signature of Treasurer

James F Coy

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 03 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		15791.38
(b) Cash on Hand at Beginning of Reporting Period.....	15791.38	
(c) Total Receipts (from Line 19)	18740.00	18740.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	34531.38	34531.38
7. Total Disbursements (from Line 31)	7679.73	7679.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26851.65	26851.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	6

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12850.00

12850.00

(ii) Unitemized

5890.00

5890.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

18740.00

18740.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

18740.00

18740.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18740.00

18740.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

18740.00

18740.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1679.73	1679.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1679.73	1679.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7679.73	7679.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7679.73	7679.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18740.00	18740.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18740.00	18740.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1679.73	1679.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1679.73	1679.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Richard Ames

Mailing Address 110 Sherwood Rd

City State Zip Code
 Ridgewood NJ 07450

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.5585

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephanie Cave

Mailing Address 10562 S Glenstone Place

City State Zip Code
 Baton Rouge LA 70810

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joel S Cohen

Mailing Address 4826 Braesvalley Dr.

City State Zip Code
 Houston TX 77096

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. James Rodney Feild

Mailing Address 234 Germantown Bend Cv

City State Zip Code
 Cordova TN 38018

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.5583

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laura Fisher

Mailing Address 1590 Canyon Rd

City State Zip Code
 Providence UT 84332

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2016

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laura Fisher

Mailing Address 1590 Canyon Rd

City State Zip Code
 Providence UT 84332

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 12 / 2016

Transaction ID : SA11AI.5536

Amount of Each Receipt this Period

4000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Mitchell J Giangobbe

Mailing Address 13629 W Camino Del Sol
 #180

City State Zip Code
 Sun City West AZ 85375

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Grandview Surgical

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 24 2016

Transaction ID : SA11AI.5570

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey A Holmboe

Mailing Address 1841 NW Remarkable Dr

City State Zip Code
 Bend OR 97701

FEC ID number of contributing
 federal political committee.

C

Name of Employer

The Center Orthopedic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 23 2016

Transaction ID : SA11AI.5473

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Garry A Johnson

Mailing Address 312 Oakridge St

City State Zip Code
 Columbia MO 65203

FEC ID number of contributing
 federal political committee.

C

Name of Employer

State of Missouri

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 12 2016

Transaction ID : SA11AI.5534

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Mark R Koller

Mailing Address 10216 Antlers Ridge

City State Zip Code
 Eden Prairie MN 55347

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. William MacMillan Rodney

Mailing Address 6575 Black Thorn Cove

City State Zip Code
 Memphis TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer
selfOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 11 / 2016

Transaction ID : SA11AI.5487

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vincent P Miraglia

Mailing Address 2398 SE Ocean Blvd, Ste A

City State Zip Code
 Stuart FL 34996

FEC ID number of contributing federal political committee.

C

Name of Employer
self employedOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016

Transaction ID : SA11AI.5586

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Robert Odell

Mailing Address 9632 Grand Isle Ln

City

Las Vegas

State

NV

Zip Code

89144

FEC ID number of contributing
federal political committee.

C

Name of Employer

self employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2016

Transaction ID : SA11AI.5587

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sheila Page

Mailing Address 401 McDavid Terrace

City

Aledo

State

TX

Zip Code

76008

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 11 / 2016

Transaction ID : SA11AI.5495

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tracy Ragland

Mailing Address 1506 Mahogany Run Drive

City

LaGrange

State

KY

Zip Code

40014

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 09 / 2016

Transaction ID : SA11AI.5504

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Joseph W. Rooney

Mailing Address 50635 Stagecoach Rd.

City	State	Zip Code
East Liverpool	OH	43920

FEC ID number of contributing federal political committee.

C

Name of Employer

self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2016

Transaction ID : SA11AI.5571

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dale G Rosin

Mailing Address 129 Grave St

City	State	Zip Code
Somerville	NJ	08876

FEC ID number of contributing federal political committee.

C

Name of Employer

Dale Rosin, DO, LLC

Occupation

psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 24 / 2016

Transaction ID : SA11AI.5572

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alfred N Rossi

Mailing Address 107 Tremont St

City	State	Zip Code
Hopedale	IN	61747

FEC ID number of contributing federal political committee.

C

Name of Employer

self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 24 / 2016

Transaction ID : SA11AI.5575

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial) A. Bruce Schlafly		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 Transaction ID : SA11AI.5584	
Mailing Address 12315 Federal Dr. City State Zip Code St. Louis MO 63131		Amount of Each Receipt this Period 300.00 <input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Hand Surgery Associates physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. Robert C Villare		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 Transaction ID : SA11AI.5573	
Mailing Address 113 Westwood Hill City State Zip Code Woodbury NJ 08096		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation self employed surgeon			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Joseph H. Worischeck		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 Transaction ID : SA11AI.5458	
Mailing Address 8540 E McDowell Rd. #120 City State Zip Code Mesa AZ 85207		Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation self urologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)..... ▶		1050.00	
TOTAL This Period (last page this line number only)..... ▶		12850.00	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. National Mailing Services

Mailing Address 1604 S 6th Ave

City Tucson State AZ Zip Code 85713

Purpose of Disbursement
Postage to send fundraising letter to AAPS members

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 22 2016

Transaction ID : SB21B.5445

Amount of Each Disbursement this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Mailing Services

Mailing Address 1604 S 6th Ave

City Tucson State AZ Zip Code 85713

Purpose of Disbursement
mailing fees for fundraising letter to AAPS members

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 02 2016

Transaction ID : SB21B.5447

Amount of Each Disbursement this Period

422.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 2211 N. First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
merchant processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 31 2016

Transaction ID : SB21B.5588

Amount of Each Disbursement this Period

170.05

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1342.31

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. Skyline Printing

Mailing Address 1133 N Jones Blvd

City Tucson State AZ Zip Code 85716

Purpose of Disbursement
printing for fundraising letter to AAPS members

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 04 2016

Transaction ID : SB21B.5448

Amount of Each Disbursement this Period

232.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

232.42

1574.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)

Full Name (Last, First, Middle Initial)

A. ANDY HARRIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2016

Mailing Address PO BOX 604

City	State	Zip Code
BEL AIR	MD	21014

Transaction ID : SB23.5441

Purpose of Disbursement

011

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Candidate Name

ANDREW P HARRISCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 01

Full Name (Last, First, Middle Initial)

B. WARD FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2016

Mailing Address 1990 MCCULLOCH BLVD N #D-228

City	State	Zip Code
LAKE HAVASU	AZ	86403

Transaction ID : SB23.5437

Purpose of Disbursement

011

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Candidate Name

KELLI WARDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

--

☐ Memo Item

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

6000.00
